

Gore / Patient Confidential Information

Patient ID:   
 Physician:   
 Institution:

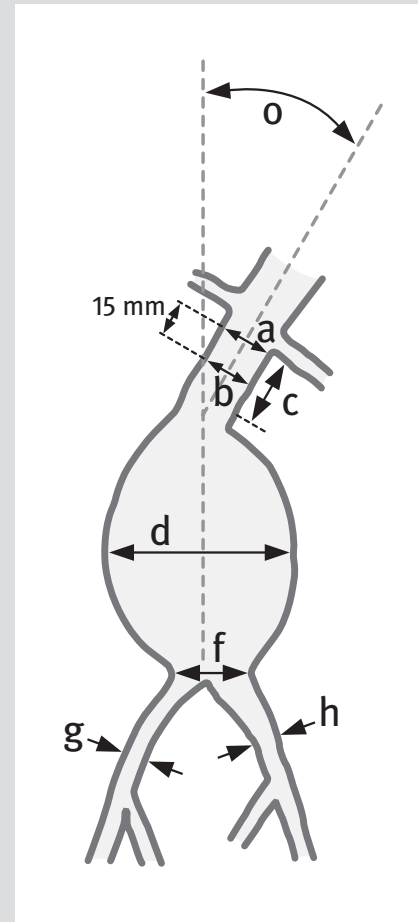
Calibration Factor:   
 CT Date:   
 Angiogram\* Date:  MMS\* Date:

MEASUREMENT FORM



\*Angiogram not required if contrast-enhanced spiral CT with 3-D reconstruction performed or MMS CD available.

Anatomical Location	Diameter Units	Format	Table Position
<b>a</b> Aortic Diameter at Proximal Implantation Site	mm	CT	
<b>b</b> Aortic Diameter - 15 mm Inferior to Proximal Implantation Site	mm	CT	
<b>c</b> Aortic Neck Length (≥ 15 mm)	mm	Angio / MPR / MMS	
<b>d</b> Maximum Outer Aneurysm Diameter	mm	CT	
<b>e</b> Length from Lowest Renal to Native Bifurcation of the Aorta	mm	Angio / MPR / MMS	
<b>f</b> Minimum Diameter of Distal Neck	mm	CT	
<b>g</b> Right Common Iliac Diameter	mm	CT	
<b>h</b> Left Common Iliac Diameter	mm	CT	
<b>i</b> Right External Iliac Diameter	mm	CT	
<b>j</b> Left External Iliac Diameter	mm	CT	
<b>k</b> Length from Lower Renal to Right Internal Iliac	mm	Angio / MPR / MMS	
<b>l</b> Length from Lower Renal to Left Internal Iliac	mm	Angio / MPR / MMS	
<b>m</b> Right Iliac Length for Sealing	mm	Angio / MPR / MMS	
<b>n</b> Left Iliac Length for Sealing	mm	Angio / MPR / MMS	
<b>o</b> Proximal Aortic Neck Angle (≤ 60)	°	Angio / MPR / MMS	AP LAT



Trace the Angiogram (including marker catheter)

GORE, EXCLUDER®, and designs are trademarks of W. L. Gore & Associates. © 2003, 2004, 2006 W. L. Gore & Associates, Inc. AF1663-EN5 APRIL 2006

Lowest Renal Artery:  Left  Right  Same  
 C-arm Angle: \_\_\_\_\_°RAO \_\_\_\_\_°LAO \_\_\_\_\_°Cranio-Caudal

Accessory Vessels: \_\_\_\_\_  
 \_\_\_\_\_

- Are the proximal and distal implantation sites free of significant thrombus (< 2 mm thickness and/or < 25% of circumference) and/or calcium?  Yes  No
- Is the aortic neck free of any reverse taper (> 2 mm growth within 15 mm of neck)?  Yes  No
- Is there adequate lumen diameter and retrograde access to contralateral limb?  Yes  No
- Will distal artery diameter/tortuosity/calcification allow for Trunk-ipsi sheath access on the right side?  Yes  No
- Will distal artery diameter/tortuosity/calcification allow for Trunk-ipsi sheath access on the left side?  Yes  No

Case planning / procedural notes / comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This PDF file can be printed using Adobe Acrobat Reader. Once the form has been completed, it can be delivered to Gore with the corresponding films via your Gore Sales Associate or mailed to:

Imaging Services  
W. L. Gore & Associates, Inc.  
3250 West Kiltie Lane  
Flagstaff, AZ 86001  
800-528-1866

Please include a return address and phone number so all paperwork, films and/or CDs may be returned promptly once received by Imaging Services.

For additional information, please contact 877-GORE-AAA (877-467-3222).